

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2175921
Decision Date:	12/15/2021	Hearing Date:	September 30, 2021
Hearing Officer:	Brook Padgett	Record Open:	November 18, 2021

Appellant Representative:



United Health Care Representatives:

Cheryl Ellis, M.D., Medical Director
Trevor Smith, D.M.D., Appeals Reviewer



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Prior Authorization – Dental Treatment
Decision Date:	12/15/2021	Hearing Date:	September 30, 2021
UHC Rep.:	T. Smith, DMD	Appellant Rep.:	[REDACTED]
Hearing Location:	Quincy		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

The Appellant received a United Health Care (UHC)¹ Appeal Decision Letter dated July 30, 2021, denying a prior authorization request for dental services. (Exhibit 1).

The Appellant filed a timely appeal on August 02, 2021. (130 CMR 610.015(B); Exhibit 2).

Denial of a request for prior authorization is valid grounds for appeal. (130 CMR 610.032).

Action Taken by UHC

UHC denied the Appellant's prior authorization request for dental implants for tooth #3 and #13.

Issue

Is UHC correct in denying the Appellant's prior authorization request?

Summary of Evidence

¹ UHC is a MassHealth managed care contractor as defined by regulations at 130 CMR 610.004 and described in regulations at 130 CMR 508.000.

UHC was represented by its Medical Director and dental appeal representative, who testified the Appellant through his provider requested and was denied a bridge (D6740 retainer crown) (D6245 pontics) as it is not a covered service and does not appear within the Appellant's benefit package. The representative stated the codes requested were not appropriate for the Appellant's needs as these codes are for natural teeth-supported bridgework and not implants. UHC stated that even if the provider had submitted the proper codes the request would still have been denied as this request is not a covered service in the Appellant's benefit package. On August 14, 2020, the Appellant was approved for custom implant posts and abutments² on teeth #3, 5, 6, 11, 12, and 14 (D6057). On August 14, 2020, the Appellant was also denied a request for a bridge for teeth #3, 5, 6, 11, 12, and 14 (D6740) and #2, 4, 7, 8, 9, 10, 13, and 15 (D6245). UHC stated the Appellant's benefit package allows for a single implant crowns (D6058 and D6059) but it does not cover crowns as part of an implant supported bridge. The UHC dental appeal reviewer testified he did not have access to the providers treatment plan and presumes when a provider makes a request it is for a procedure approved as a covered service within the UHC Dental Provider Manual. The Appellant's request (D6740 and D6245) is not listed as a supportive service (Page 28) within the Provider Manual. UHC submitted into evidence Dental Provider Manual and x-rays. (Exhibit 4).

The representative responded that UHC approved the Appellant for implants but denied the request for the bridge work to allow the Appellant to have sufficient teeth to eat. The representative argued UHC failed to notify the Appellant that when they approved the implants that they would deny the request for the bridgework crowns. The Appellant testified that he received a letter at his home from UHC in December 2020, which was addressed to his primary care physician (PCP). He stated he contacted his physician and had the letter returned to sender. The Appellant's representative indicated this letter was the approval of the implants and the denial of the bridgework and crowns. The representative maintains if the Appellant had been properly notified of the bridgework crown denial, he would have appealed the decision or refused to go forward with the implants. The Appellant's representative argued because the implants and abutments were installed UHC should approve the additional bridgework, because the six metal abutments spaced within the Appellant's mouth currently have no function.

UHC responded that the Appellant's PCP was listed as his representative that is why her name was on the letter. Further the December 2020 letter was also sent to the Appellant's provider's address, so the provider was notified of the denial of the bridgework prior to installation. (Exhibit 5). The representative stated it is unclear what the Appellant's provider intended when he requested and installed the implants, but the Appellant is eligible for an individual crown on each of the implants. The Appellant could also utilize the implants with implant dentures; however, this is not covered under the Appellant's service plan. Additionally, the Appellant could get dentures which do not utilize the implants which would be covered by the Appellant's service plan.

The Appellant responded that he has had dentures made on two separate occasions and has been unable to use them as they make him gag. The Appellant stated he has had them shaved down, but his dentist stated shaving them anymore would destroy the integrity of the denture and they would

² Attachments that are screwed onto the implants to retain a single crown or a dental bridge retainer crown.

break.

At the request of the Appellant's representative the record remained open until October 18, 2021 to allow the submission of a Memorandum in Support and November 22, 2021 for UHC to respond. (Exhibit 5).

The Appellant's memorandum argues the Appellant is 70 years old and is without any teeth. He has twice tried dentures but has been unable to use them due to a gag reflex. The Appellant contacted UHC who referred him to a dentist and schedule an appointment. The Appellant testified that when he visited the dentists, he was informed he would receive "implants" so he would be able to have teeth without gagging. The Appellant understood an implant to mean the placement of a metal implant, a post and then a bridge connected to the posts. The dentist went ahead and received approval for the placement of the post and abutments, however the request for the pontics and crowns attached to the implanted posts was denied as they are not covered in the Appellant's benefit package. The Appellant argues that it was his understanding that at the end of the procedure he would have useable teeth; however currently he has 6 upper posts and 6 lower posts sticking out of his gums. These posts require a crown so the Appellant can effectively chew his food. The Appellant's representative argues UHC should approved the Appellant's request because 1. UHC is obligated to authorize, arrange, integrate, and coordinate services for its members; 2. UHC failed to provide adequate and timely notice that the appellant's request for coverage would be denied; 3. The requested service is medically necessary; 4. UHC represents that it has comprehensive dental coverage; 5. UHC failed to notify the Appellant it would not authorize and pay for the completion of the dental work until after the work had begun. (Exhibit 6).

UHC responded within the required time limits stating the Appellant's in-network dental provider, submitted a prior authorization request on August 14, 2020, to fabricate an implant-supported "round-house" bridge for all of his upper teeth. The request included six abutments, six crowns, and eight pontics. UHC Dental Provider Manual contains all dental procedures covered under the Appellant's SCO plan and is intended to align with applicable state and federal regulatory requirements, including 130 CMR 420 and approved codes under Subchapter 6 of MassHealth's Dental Manual. UHC approved the six abutments under the Dental Manual and denied the six retainer crowns and eight pontics but implant-supported bridges are not covered under the Appellant's SCO plan. UHC informed Appellant and his Dental Provider of its services authorization decision on August 17, 2020. UHC responded to the Appellant's memorandum: 1. UHC did not fail in its obligation as a SCO plan to integrate and coordinate services because when the Appellant contacted UHC for dental help, UHC assisted in coordinating his SCO benefits by identifying network dental provider and making an appointment for him to seek treatment. 2. 130 CMR 508.011 requires SCO Plans to notify members of a standard service authorization denial within 14 days of the request. UHC sent written notice on August 17, 2020, to the Appellant at his address, and his Dental Provider of the denied services. Between January 16, 2020, and August 14, 2020, UHC notified the Appellant five times that some portion of the proposed treatment to restore his dental implants would be denied due to the codes not being included in his benefit package. Those notices were mailed to the Appellant's address and in the Appellant's name. The Appellant's Dental Provider also

received corresponding denial notices. 3. The requested treatment is not covered under the SCO Plan and the question of medical necessity is not an issue. 4. The Appellant's reliance on the "Benefits Highlights" to assert that his dental work would be covered is in error as the Benefit Highlight submission is for "2022 plan benefits" which is not applicable to the August 14, 2020 service request and clearly states, "For complete information, please refer to our Summary of Benefits or Evidence of Coverage. Limitations, exclusion and restrictions may apply." 5. The Appellant's current dental condition is not the result of UHC who merely made an authorization decision of covered and non-covered dental services. UHC maintains the Appellant and his Provider were informed on numerous occasions that the requested service was not covered under the Appellant's service plan.³ Nevertheless, the Appellant and the Provider proceeded with the placement of custom implant posts and abutments on teeth #3, 5, 6, 11, 12, and 14 (D6057) and #2, 4, 7, 8, 9, 10, 13, and 15 (D6245).

On November 30, 2021, after the close of the record open period the Appellant's representative request the record be reopened for the submission of a letter for the Appellant's representative. The letter contested the UHC assertion that "between January 16, 2020 and August 14, 2020" UHC notified the Appellant five times that a portion of his treatment would not be covered and that the notices were mailed to the Appellant's address. The Appellant's representative argued the Appellant maintains that he received no notice concerning his dental work prior to the denial of payment dated December 29, 2020. The Appellant stated he received a letter addressed to his primary care physician which he did not open and returned to sender. The representative indicated the Appellant was prepared to give additional testimony. The letter was placed in the record and no additional testimony was deemed necessary. (Exhibit 8). The hearing officer requested copies of the five letters sent to the Appellant be submitted by UHC. (Exhibit 9). UHC responded with the five notices within the required time limit. (Exhibit 10).

Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. The Appellant is greater than 65 years of age and is a member of UHC SCO. (Testimony Exhibit 4).
2. On August 17, 2020, a notice was sent to the Appellant's dental provider's approving the request for an implant post for teeth #3, 5, 6, 11, 12, and 14 (Code D6057). (Exhibit 4).
3. On August 17, 2020, a notice was sent to the Appellant's dental provider denying the Appellant's request for a bridge for teeth #2, 4, 7, 8, 9, 10, 13 and 15 (Pontic: D6245); and #3, 5,

³ Notice dated January 16, 2020, denied coverage for D6240 (teeth #25, 28), D6057 (teeth #26, 27, 29) and D6058 (teeth #26, 27, 29). Notice dated January 16, 2020, denied coverage for D6240 (teeth #19, 21, 30), D6057 (teeth #20, 22, 23), D6058 (teeth #20, 22, 23). Notice dated January 21, 2020, denied coverage for D6245 (teeth #19, 21, 24, 25, 28, 30), D6057 (teeth #29), and D6058 (teeth #29). Notice dated January 21, 2020, denied coverage for D6057 (teeth #20, 22, 23, 26, 27), D6058 (teeth #20, 22, 23, 26, 27). Notice dated August 14, 2020 denied coverage for D6245 (teeth #2, 4, 7, 8, 9, 10, 13, 15), D6057 (teeth #3, 5, 6, 11, 12, 14), and D6740 (teeth #3, 5, 6, 11, 12, 14)

6, 11, 12, and 14 (Retainer Crown: D6740). (Exhibit 4).

4. On November 10, 2021, the Appellant's dental provider installed the 6 approved implants with abutments. (Testimony)
5. The Appellant currently has 6 metal posts protruding from his gums in his upper arch and 6 metal posts protruding from his gums in his lower arch. (Testimony)
6. The Appellant's request for a bridge (Retainer Crown: Code D6740) and (Pontic: Code D6245) are not listed as a supportive service within the Appellant's Provider Manual.

Analysis and Conclusions of Law

UHC is a MassHealth managed care contractor as defined by regulations at 130 CMR 610.004 and described in regulations at 130 CMR 508.000. The Appellant's dental provider requested, was approved, and installed implant posts and abutments (D6057) on teeth #3, 5, 6, 11, 12, and 14. At the same time of the request for implant posts and abutments the Appellant's dental provider requested and was denied approval for a bridge (D6740 retainer crowns and D6245 abutment pontics). UHC denied the Providers request because the procedure is not a covered service in the Appellant's benefit package.

The Appellant currently has six metal posts protruding from his gums in his upper arch and six metal posts protruding from his gums in his lower arch. The Appellant argues it is difficult to properly eat without teeth and with the posts and he cannot tolerate dentures.

While the Appellant's existing dental condition is not satisfactory, the present circumstance was not caused by UHC. UHC makes a coverage determination based on the request of the Provider and the Appellant's benefit eligibility. The Appellant's present complaint is the result of the Appellant and his Provider's decision on November 10, 2020 to proceed with the implanting posts and abutments without prior approval of a bridge and despite receiving multiple letters stating from UHC that portions of his dental request would be denied as well as notification on August 14, 2020, that the request for a bridge (D6740 and D6245) would not be approved. While it is reasonable that the Appellant would expect useable teeth after his discussion with his dentist and the implanting of posts and abutments it is not reasonable for the Appellant and/or his Provider to proceed with the implant of the posts without the required prior authorization for the crowns and bridge, or to expect approval of a service when Provider Manuel indicates the Appellant is not eligible for such a service, and the Appellant and the Provider have each previously received notification that the request would be denied. Although the Appellant testified that he received a letter addressed to his primary care physician which he did not open and continues to maintain he never receive any denial notification from UHC the evidence in the record indicates UHC sent multiple letters to the Appellant prior to November 10, 2020 each denying a number of dental requests (including the request for a bridge for teeth #3, 5, 6., 11, 12, 14 and #2, 4, 7, 8, 9, 19, 13, 15) all of which were addressed to the Appellant at his stated address.

130 CMR 420.421⁴ governs the authorization of covered and noncovered services and states that MassHealth will not authorize the payment for services not listed in Subchapter 6 of the Dental Manual and that MassHealth does not pay for implants of any type or description or overdentures as they are a noncovered service for members over 21 years of age even if medically necessary. Although the Appellant is not requesting prior authorization for implants the Appellant is requesting prior authorization for a bridge to attach to the implants as a medical necessity because he is already been fitted with the implants. This request however is also not a MassHealth covered service. (130 CMR 420.421(B)). Further even if the request was a covered service it fails to meet medical necessity criteria⁵ as the Appellant can eat without such an appliance, and UHC has indicated he is eligible for individual crowns on each implant, as well as dentures which do not utilize the implants; which are comparable in effect, available, more conservative and/or less costly.

A review of the United Dental Provider Manual, Appendix B, indicates “any service not listed as a covered service in the benefit grids (Appendix B.2) is excluded.” As the requested service (Retainer Crown: Code D6740) and (Pontic: Code D6245) is not listed as a UHC covered service

⁴ 130 CMR 420.421: Covered and Noncovered Services: Introduction (A) Medically Necessary Services. **The MassHealth agency pays for the following dental services when medically necessary: (1) the services with codes listed in Subchapter 6 of the Dental Manual**, in accordance with the service descriptions and limitations described in 130 CMR 420.422 through 420.456; and (2) all services for EPSDT-eligible members, in accordance with 130 CMR 450.140 through 450.149, without regard for the service limitations described in 130 CMR 420.422 through 420.456, or the listing of a code in Subchapter 6. All such services are available to EPSDT eligible members, with prior authorization, even if the limitation specifically applies to other members under age 21. **(B) Noncovered Services. The MassHealth agency does not pay for the following services for any member, except when medically necessary for members under age 21 with prior authorization.** (1) cosmetic services; (2) **certain dentures including unilateral partials, overdentures and their attachments**, temporary dentures, CuSil-type dentures, other dentures of specialized designs or techniques, and preformed dentures with mounted teeth (teeth that have been set in acrylic before the initial impressions); (3) chair-side relines; (4) counseling or member-education services; (5) habit-breaking appliances; **(6) implants of any type or description**; (7) laminate veneers; (8) oral hygiene devices and appliances, dentifrices, and mouth rinses; (9) orthotic splints, including mandibular orthopedic repositioning appliances; (10) panoramic films for crowns, endodontics, periodontics, and interproximal caries; (11) root canals filled by silver point technique, or paste only; (12) tooth splinting for periodontal purposes; and (13) any other service not listed in Subchapter 6 of the Dental Manual. (*Emphasis added*).

⁵ 130 CMR 450.204: Medical Necessity: The MassHealth will not pay a provider for services that are not medically necessary; and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary. (A) A service is "medically necessary" if: (1) It is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth. Services that are less costly to the MassHealth include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth pursuant to a prior authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007: Potential Sources of Health Care, or 517.007: Utilization of Potential Benefits. (B) Medically necessary services must be of a quality that meets professionally recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality. A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

in the Appellant's benefit package it is therefore excluded and since the request is also not a covered service under MassHealth regulations the Appellant's request must be denied.

Order for UHC

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Brook Padgett
Hearing Officer
Board of Hearings

cc: SCO Representative: United Health Care Attn: Cheryl Ellis, MD, LTC Medical Director, 950 Winter Street, Suite 3800, Waltham, MA 02451